

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/500359

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER		
	1st AMENDMENT		2nd AMENDMENT			1st AMENDMENT		2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1			1		51					
2			1		52					
3			1		53					
4			1		54					
5			1		55					
6			1		56					
7			1		57					
8			1		58					
9			1		59					
10			1		60					
11			1		61					
12			1		62					
13			1		63					
14			1		64					
15			1		65					
16			1		66					
17			1		67					
18			1		68					
19			1		69					
20			1		70					
21			1		71					
22			1		72					
23			1		73					
24			1		74					
25			1		75					
26			1		76					
27			1		77					
28			1		78					
29			1		79					
30			1		80					
31			1		81					
32			1		82					
33			1		83					
34			1		84					
35			1		85					
36			1		86					
37			1		87					
38			1		88					
39			1		89					
40			1		90					
41			1		91					
42			1		92					
43			1		93					
44			1		94					
45			1		95					
46			1		96					
47			1		97					
48			1		98					
49			1		99					
50			1		100					
TOTAL IND.			↓			↓				
TOTAL DEP.			←	38	←	←				
TOTAL CLAIMS		39								